Kentucky Department for Medicaid Services

Drug Review Options

The following chart lists the agenda items scheduled and the options submitted for review at the May 17, 2007, meeting of the Pharmacy and Therapeutics Advisory Committee.

Item	Options for Consideration
Growth Hormone	1. Growth Hormones are equivalent in safety and efficacy. 2. DMS to select three preferred agents based upon economic evaluation. 3. Continue to require clinical PA for all agents, preferred or non-preferred. 4. Require therapeutic failure of preferred agents prior to approval of non-preferred agents. 5. Allow continuation of therapy for agents selected as non-preferred for patients who have a history within the last 90 days. 6. For any new chemical entity, product, or dosage form of Growth Hormone require a PA until reviewed by the P & T Advisory Committee.
Acne Agents, Topical: Benzoyl Peroxide/ Clindamycin Combination Products	1. Topical Benzoyl Peroxide/Clindamycin Combination products are equivalent in safety and efficacy. 2. DMS to select one preferred agent based upon economic evaluation. 3. The agent not selected as preferred will require PA. 4. Require therapeutic failure of preferred agent prior to approval of non-preferred agent. 5. For any new chemical entity, product or dosage form for benzoyl peroxide/clindamycin combination products, require PA until reviewed by the P & T Advisory Committee.
Acne Agents, Topical: Retinoids	1. Topical Retinoids are equivalent in efficacy but not in safety. 2. DMS to select at least one generic and one brand as preferred based upon economic evaluation and the P & T Advisory Committee's review of safety. 3. Agents not selected as preferred will require PA. 4. Require clinical PA for Tazorac (tazarotene) to confirm pregnancy status. 5. For any new chemical entity, product or dosage form for topical retinoids, require PA until reviewed by the P & T Advisory Committee.
Agents for Restless Leg Syndrome	1. Agents indicated for Restless Leg Syndrome are equivalent in safety and efficacy. 2. DMS to select one agent as preferred for Restless Leg Syndrome based upon economic evaluation. 3. The agent not selected as preferred for Restless Leg Syndrome will require PA.

	4. Require therapeutic failure of preferred agent prior to approval of non-preferred agent for Restless Leg indication only. 5. For any new chemical entity, product or dosage form indicated for Restless Leg Syndrome, require PA until reviewed by the P & T Advisory Committee.
Januvia **Single Agent Review**	1. Require clinical PA for this agent regardless of preferred or non-preferred status. 2. DMS to select this agent as preferred or non-preferred based on economic evaluation. 3. For any new chemical entity, product, combination product or dosage form in the DPP-IV class, require PA until reviewed by the P & T Advisory Committee.

The following terms will be utilized within the therapeutic monograph to classify medications during Drug Class Reviews. By using these terms, the reviewer will be able to easily identify any clinical differences between the medications within the class being reviewed.

Superior - Following evidence-based review, it is determined that the drug provides a therapeutic advantage, in terms of safety and/or efficacy, over other available products within the same treatment modality.

Equivalent - Following evidence-based review, it is determined that the drug is therapeutically equivalent in both safety and efficacy to other available products within the same treatment modality.

Not Essential - Following evidence-based review, it is determined that the drug has no therapeutic advantage, due to either reduced safety or efficacy, over other available products within the same treatment modality.